DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: HILLCREST HOMES (0010182)

Address: 5408 5414 W VLIET ST, MILWAUKEE, WI 53208

License Status: REGULAR

Licensed/Certified/Registered 05/01/2005

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0094722 End Date: 04/12/2005 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009115 Served 05/14/2005

Deficiencies Cited Subject Area Subject Area Subject Area Corrected

83.19(1)(d) PHYSICAL OR MENTAL CONDITION

83.42(8)(b) FIRE EXTINGUISHER

Survey ID: 0093609 End Date: 11/02/2004 Type: INITIAL Purpose: SURVEY

Results: PROBATIONARY LICENSE ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 05/11/2005 SOD #10009115 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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PROGRAM SERVICES

Provider Inspection Summary

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Madison WI 53701-2969

Complaint History		
Date Complaint Received: 03/29/2005	Date Investigation Completed: 04/12/2005	
Subject Area(s) PROGRAM SERVICES	Result SUBSTANTIATED	SOD # 10009115
Date Complaint Received: 09/13/2004	Date Investigation Completed: 11/02/2004	
Subject Area(s) LICENSED CAPACITY /CLASS OF LICENSE PHYSICAL PLANTS & SAFETY HAZARDS STAFF ADEQUACY	Result NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED	SOD#

NOT SUBSTANTIATED

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